

## TACTICAL RESPONSE REPORT/Chicago Police Department

<b>MEMBER INVOLVED</b>	1. DATE OF INCIDENT <b>15-OCT-2011</b>		TIME <b>13:24:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>				3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1522</b>	
	5. POSITION <b>9161</b>		5. LAST NAME <b>FUMO</b>		7. FIRST NAME <b>JAMES C</b>		8. STAR NO. <b>2782</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>	
<b>SUBJECT INFORMATION</b>	14. DATE OF APPT. <b>27-AUG-2007</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1504B</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>	
	26. HT <b>510</b>		27. WT. <b>195</b>		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED/HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>		37. CB NO. <b>[REDACTED]</b>	
<b>REASON FOR USE OF FORCE (Check all that apply)</b>	38. <input type="checkbox"/> DNA		39. <input checked="" type="checkbox"/> DNA		40. <input type="checkbox"/> DNA		41. <input type="checkbox"/> DNA		42. <input type="checkbox"/> DNA		43. <input type="checkbox"/> DNA	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY	
<b>WEAPON DISCHARGE INCIDENT</b>	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		FLED <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <b>[REDACTED]</b>	
	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input checked="" type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
	CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	
	CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <b>[REDACTED]</b>	
<b>CASE INFO.</b>	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER <b>[REDACTED]</b>		46. MODEL <b>[REDACTED]</b>	
	47. BARREL LENGTH <b>[REDACTED]</b>		48. CALIBER/GAUGE <b>[REDACTED]</b>		49. TASER DART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL No. (include Letters) <b>[REDACTED]</b>		51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. IL FIREARM OWNER ID NO. <b>[REDACTED]</b>	
	53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>[REDACTED]</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>0</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>	
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.	
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		72. REPORTING MEMBER (Print Name) <b>FUMO, JAMES C</b>		STAR/EMPLOYEE NO. <b>2782</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>15-OCT-2011 15:07:58</b>	
	73. REVIEWING SUPERVISOR (Print Name) <b>JOHNSON, PEGGY A</b>		STAR NO. <b>977</b>		SIGNATURE <b>[REDACTED]</b>		TIME <b>15-OCT-2011 15:07:58</b>		74. REVIEWING SUPERVISOR (Print Name) <b>JOHNSON, PEGGY A</b>		STAR NO. <b>977</b>	
	75. SIGNATURES		76. SIGNATURES		77. SIGNATURES		78. SIGNATURES		79. SIGNATURES		80. SIGNATURES	

SUBJECT  
INFORMATION

36. CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-5-A, 720 ILCS 600.0/3.5-A, 720 ILCS 570.0/402-C, 520 ILCS  
5.0/1.22, 720 ILCS 5.0/12-3.05-D-4

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject said he ran because he thought he had a probation warrant. He also said he never struck the officer.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers acted within CPD guidelines. CL# was obtained due to policy not any implied wrong doing.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1049326 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

REGNIER, STEVEN T

SIGNATURE

DATE COMPLETED TIME

15-OCT-2011 15:36:28

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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